

## **Coventry Medicare Advantage 2018**

**MA 2018** 

**Kansas State Employee Health Plan** 

For an effective date: January 1, 2018

Rate: Per Member Per Month without HIF Rate: Per Member Per Month with HIF 2017 PPO \$88 2018 PPO \$90

\$84

2018 PPO \$85

\$120

\$117

Plan Option Highlights

For more detail, refer to the Summary Plan Descriptions

| Medical Only Plan            | 2017 PPO                        | 2018 PPO                        | 2017 PPO                        | 2018 PPO                        |
|------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
|                              | Freedom Plan                    | Freedom Plan                    | Liberty Plan                    | Liberty Plan                    |
| Currently Enrolled           | 68                              |                                 | 5                               |                                 |
| Deductible                   | \$0                             | \$0                             | \$0                             | \$0                             |
| Out of Pocket Max/In Network | \$1,000                         | \$1,000                         | \$3,500                         | \$3,500                         |
| Out of Network               | 20%, up to \$4,100              | 20%, up to \$4,100              | 35%, up to \$7,500              | 35%, up to \$7,500              |
| Inpatient Hospital           | \$150/day 1-5 (OON)             | \$150/day 1-5 (OON)             | \$250/day 1-5                   | \$250/day 1-5                   |
| Skilled Nursing Facility     | \$0/day 1-20                    | \$0/day 1-20                    | \$0/day 1-20                    | \$0/day 1-20                    |
|                              | \$160/day 21-100                | \$167.50/day 21-100             | \$160/day 21-100                | \$167.50/day 21-100             |
| PCP/Specialist Visits        | \$10 / \$25                     | \$10 / \$25                     | \$5 / \$30                      | \$5 / \$30                      |
| Emergency Room Visit         | \$50 Copay (waived if admitted) | \$80 Copay (waived if admitted) | \$75 Copay (waived if admitted) | \$80 Copay (waived if admitted) |
| Outpatient Svcs/Surgery      | \$150 (OON)                     | \$150 (OON)                     | \$200-\$250                     | \$200-\$250                     |
| Diagnostic Services*         | \$0-\$150                       | \$0-\$150                       | \$0-\$200                       | \$0-\$200                       |
| DME/Prosthetics**            | 20%                             | 20%                             | 20%                             | 20%                             |
| Fitness Benefit              | Silver Sneakers                 | Silver Sneakers                 | Silver Sneakers                 | Silver Sneakers                 |
| Vision (Non-MCR)             | 1 exam/year                     | 1 exam/year                     | 1 exam/year                     | 1 exam/year                     |
| Hearing (Non-MCR)            | 1 exam/year; \$500 Hearing Aid  |
| Dental (Non-MCR)             | not covered                     | not covered                     | \$200 Allowance                 | \$200 Allowance                 |